CORRECTION

Predictors of hospital length of stay and cost in patients with intracerebral hemorrhage

Statement from Joseph Menzin, PhD, corresponding author of the Brief Communication “Predictors of hospital length of stay and cost in patients with intracerebral hemorrhage” by M.W. Russell et al. (*Neurology* 2006;67:1279–1281):

Our study is an analysis of the Healthcare Cost and Utilization Project Nationwide Inpatient Sample, a large, restricted-access, publicly available dataset that is maintained by the Agency for Healthcare Research and Quality (AHRQ). One of the provisions of the Data Use Agreement, which I signed when purchasing the dataset, is that no data observation involving less than or equal to 10 observations is to be published. This measure was put in place by AHRQ to protect individual patients’ privacy and to prevent the potential disclosure of personal information. In our manuscript, some tabulated cells are in violation of this provision. While I am fully confident that nothing in our paper could be used to identify individuals or personal information, the fact remains that the disclosures are in violation of the AHRQ guidelines. We have therefore asked the editors of *Neurology* to reprint table 1, which has been revised to comply with the AHRQ guidelines. We request that going forward, authors and readers use the corrected version of table 1.

Table 1 Unweighted characteristics of patient discharges with a primary diagnosis of intracerebral hemorrhage (ICD-9-CM431)

Characteristic	No. of patients	Percent
Total discharges	13,239	100.0
Patient age		
18-44	869	6.6
45-64	3,238	24.5
65+	9,132	69.0
Mean (SD)	70.1 (15.0)	
Patient sex		
Female	6,858	51.8
Male	6,381	48.2
Patient race/ethnicity		
White	6,399	48.3
African American	1,499	11.3
Hispanic	978	7.4
Asian	485	3.7
Other	285	2.2
Unknown	3,593	27.1
Mean (SD) Deyo-Charlson comorbidity score	1.8 (1.3)	
Primary expected payer		
Private insurance	2,679	20.2
Medicare	8,696	65.7
Medicaid	945	7.1
Other	919	6.9
Discharge disposition (UB-92 standard coding)		
Routine	2,137	16.1
Short-term hospital	425	3.2
Skilled nursing facility	2,042	15.4
Intermediate care facility	204	1.5
Another type of facility	1,260	9.5
Home health care	531	4.0
Against medical advice	31	0.2
Home IV provider	*	—
Died in hospital	3,398	25.7
Died in a medical facility	*	—
Hospice - home	34	0.3
Hospice - medical facility	96	0.7
Within this institution to a Medicare-approved swing bed	12	0.1
Discharge, transferred to another rehabilitation facility	484	3.7

—Continued

Table I Continued

Characteristic	No. of patients	Percent
Discharge, transferred to a long-term care hospital swing bed	87	0.7
Another institution for outpatient services	*	—
This institution for outpatient services	*	—
Missing	2,481	18.7
Died during hospitalization	4,096	30.9
Admission type		
Emergency	8,476	64.0
Urgent	2,065	15.6
Elective	677	5.1
Missing	2,021	15.3
Admission source		
Emergency department	10,218	77.2
Another hospital	992	7.5
Another health facility including LTC	278	2.1
Court/law enforcement	*	—
Routine, birth, and other	1,568	11.8
Missing	179	1.4

*Data not reported due to ≤ 10 observations per cell.

CORRECTION

Multiple auras: Clinical significance and pathophysiology

In the article “Multiple auras: Clinical significance and pathophysiology” by P. Widdess-Walsh et al. (*Neurology*[®] 2007;69:755–761), there is an error in the abstract, which incorrectly states that 20 patients had surgery; the correct number is 19, which is noted in the Results section of the paper. The authors regret the error.

CORRECTION

Changes • People • Comments

In the original publication of “Changes • People • Comments” by Robert J. Joynt, published in *Neurology*[®] on September 11, 2007 (*Neurology*[®] 2007;69:1199–1200), the photographs of Michael A. Rogawski, MD, PhD, and Henry J. Kaminski, MD, were transposed. The online version of the article was corrected on October 5, 2007. The photographs are displayed correctly below. The publisher regrets the error.

Michael A. Rogawski, MD, PhD

Henry J. Kaminski, MD

Neurology[®]

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